



PTO/SB/21 (08-03)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/933,264
	Filing Date	August 20, 2001
	First Named Inventor	Mahshid Ellie Abdollahi
	Group Art Unit	2154
	Examiner Name	Joshua Joo
Total Number of Pages in This Submission	Attorney Docket Number	68775-044

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	1-Return Postcard:
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Abigail F. Cousins
Signature	<i>Abigail Cousins</i>
Date	November 28, 2005

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail. in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
EXPRESS MAIL # EV 671307705 US		
Typed or printed name	Juan C. Arias	
Signature	<i>Juan C. Arias</i>	Date November 28, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**FREE TRANSMITTAL**  
**FY 2005**

*Complete if Known*

Application Serial Number	09/933,264
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Attorney Docket No.	68775-044

**METHOD OF PAYMENT**

☐ Payment Enclosed:  
☐ Check ☐ Money Order ☐ Other

☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. **16-2500**  
☒ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Overpayment Credit.

☐ Applicant claims small entity status.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

*Small Entity Discount*

**1. TOTAL**

**2. EXCESS CLAIM FEES**

	Fee	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	200	100

Total Claims	Extra Claims	Fee Paid (\$)
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12 - 20 or HP= 0 X \$50 = 0

HP = highest number of total claim paid for, if great than 20

Indep. Claims	Extra Claims	Fee Paid (\$)
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2 - 3 or HP= 0 X \$200 = 0

HP = highest number of total claim paid for, if great than 3

Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)
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0

**2. TOTAL:** 0

**3. APPLICATION SIZE FEE**

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
99	-100 =	/50 = round up to a whole number	x	= 0

**3. TOTAL:** 0

**CORRESPONDENCE ADDRESS**

Direct all correspondence to:

Patent Department  
Proskauer Rose LLP  
1585 Broadway  
New York, NY 10036  
Tel. No.: (212)969-3000  
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**FEE CALCULATION (continued)**

**4. ADDITIONAL FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte re-examination	
120	60	Extension for reply within 1 <sup>st</sup> mo.	
450	225	Extension for reply within 2 <sup>nd</sup> mo.	
1,020	510	Extension for reply within 3 <sup>rd</sup> mo.	\$1,020
1,590	795	Extension for reply within 4 <sup>th</sup> mo.	
2,160	1,080	Extension for reply within 5 <sup>th</sup> mo.	
500	250	Notice of Appeal	\$500
500	250	Filing a brief in support of an appeal	
1,000	500	Request for oral hearing	
400	0	Petitions to the Director	
180	180	Submission of IDS	
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
110	55	Submission of Terminal Disclaimer	

Other fee (Specify) Request for Continued Examination (RCE)

Other fee (Specify)

**4. TOTAL:** \$1,520.00

**TOTAL AMOUNT SUBMITTED**

**(\$ 1,520.00)**

**SIGNATURE BLOCK**

Respectfully submitted,

Date: November 28, 2005  
Reg. No.. 29,292

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*Abigail Cousins*  
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